

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anna Augusta Aldridge</i>		Town <i>Chestertown</i>		County <i>Kent Co</i>		MARYLAND	
Died at		Month <i>Feb.</i>		Day <i>10</i>		Years <i>16</i>	
Date of death		<i>1905</i>		Age <i>16</i>		Months <i>16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chestertown Md</i>			
Occupation <i>School Girl</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm R. Aldridge</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary R. Bowers</i>		How related to deceased <i>2nd Cousin</i>					
Name of person giving information <i>Self</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

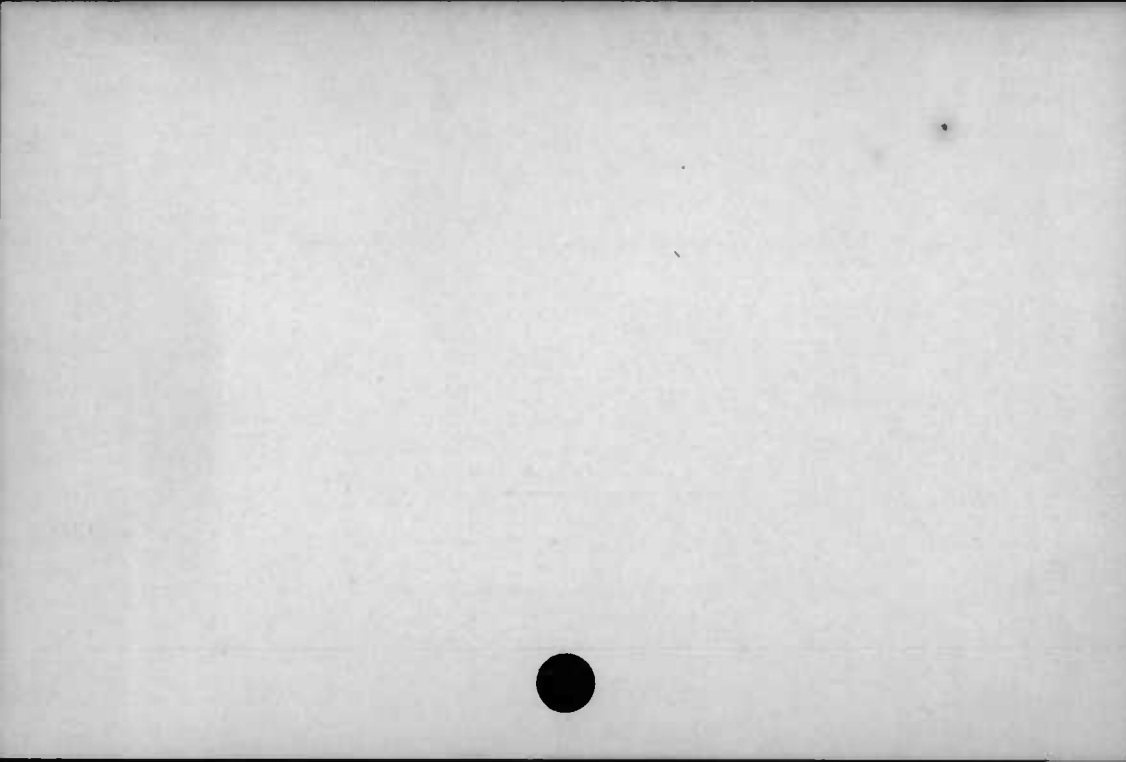
Primary <i>Typhoid Fever</i>	How long <i>one week</i>
Immediate <i>Hyperpyrexia-Heart Failure</i>	How long <i>week</i>
Are the Name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. L. Dodd</i>
	Address <i>Chestertown Md</i>
Accident or Suicide?	

Chester Cemetery

John N. Dodd

Undertaker

Name in Full		Robert Bogle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Easter Neck Island</i>		Town <i>Kent</i>		County	
		Date of death <i>1905 Feb</i>		Month <i>4</i>		Days <i>58</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Rome Italy</i>	
		Occupation <i>Agulturman</i>		Where Residing if not at place of death <i>Easter Neck Island</i>			
		Married, Single or Widowed <i>Married</i>		Name or Wife or Husband <i>Mary Augusta Wickes</i>			
		Father's Name <i>Robert A Bogle</i>		Father's Birthplace <i>New York</i>			
		Mother's Maiden Name <i>Udelade Bonson</i>		Mother's Birthplace <i>Charlton S.C.</i>			
		Name of person giving information <i>J. W. Lappington</i>		How related to deceased <i>not at all</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Paralysis</i>		How long <i>2 years</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Willson</i>			
				Address <i>Edenville P.O.</i>			
		Accident or Suicide? <i>_____</i>		✓ <i>Kent Conn. d.</i>			



Name in Full

Certificate of Death

Emory Camp
 near town
 Galena Kent

MARYLAND

Died at
 Date 1905 2 11
 Month Day Y. M. D.
 Age 73
 Native of Md.
 Occupation farmer
 Male White Married Widowed
 Female Colored Single Widower
 Number of children living 3-

Husband of Susan Camp
 Wife
 Father's Name
 Mother's Name

Cause of Primary Pneumonia
 Death Immediate Cardiac paralysis
 How long sick 9 days
 Accident, Suicide, Homicide

Reported by L. W. Lattimer M.D.
 Address Galena Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708



Name
in
Full

Samuel Gault

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Galeena Street County Steele MARYLAND

Date of death 1905- 2 Month 24 Day Age one year Years Months Days

Sex boy Race white Birth-place Galeena

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of wife or
HusbandFather's
NameHenry S. CaulloFather's
BirthplaceGaleena, Md.Mother's
Maiden NameSophia CaulloMother's
BirthplaceGaleena Md.Name of person giving
InformationHenry S. CaulloHow related
to deceasedfather

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary

How long

3 weeks

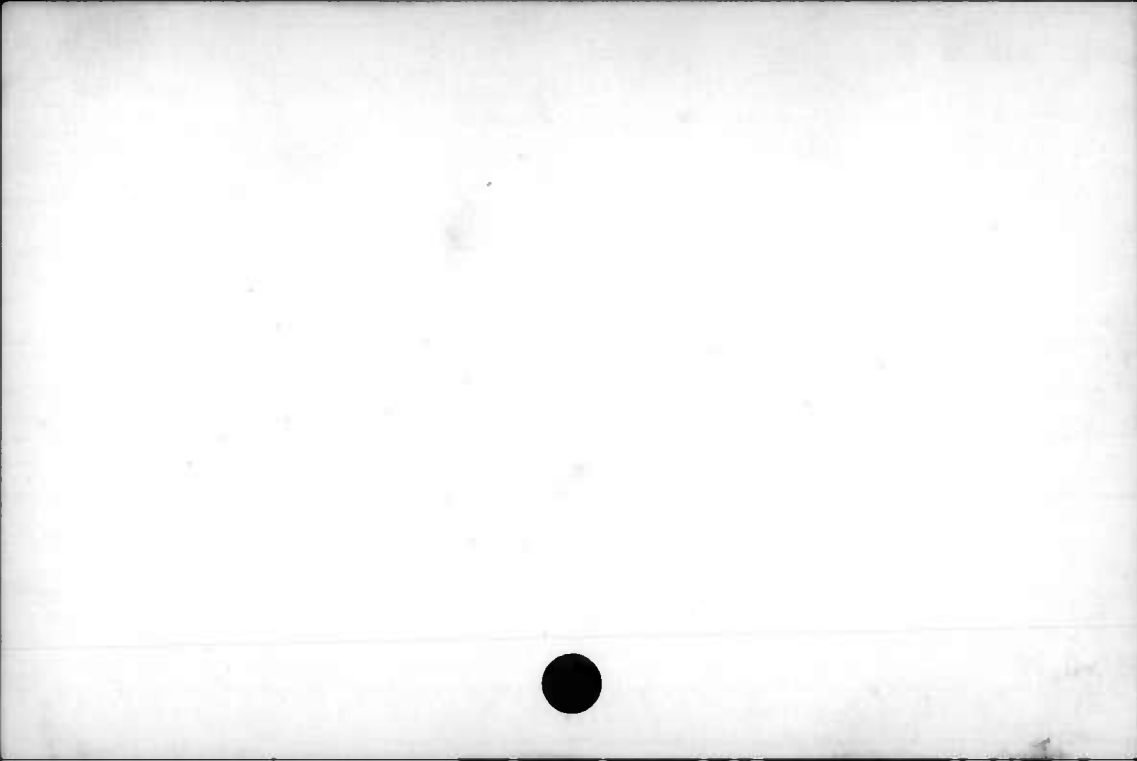
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. LatimerAccidental death?



Name
in
Full

Mary Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Coleman* TownCounty *Kent*

MARYLAND

Date of death *1905 Feb*Day *26*Age *11*Months *—*Days *—*Sex *female*Color or
Race*Black.*Birth-
place*md.*

Occupation

*House wife*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Henry Chambers*Father's
Name*Alexandra White*Father's
Birthplace*md.*Mother's
Maiden Name*Charlotte White*Mother's
Birthplace*md.*Name of person giving
In formation*Henry Chambers*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Tuberculosis

How long

6 months.

Immediate

Heart failure.

How long

Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician*Wm. S. Maxwell.*

Address

Still Pond, Md.

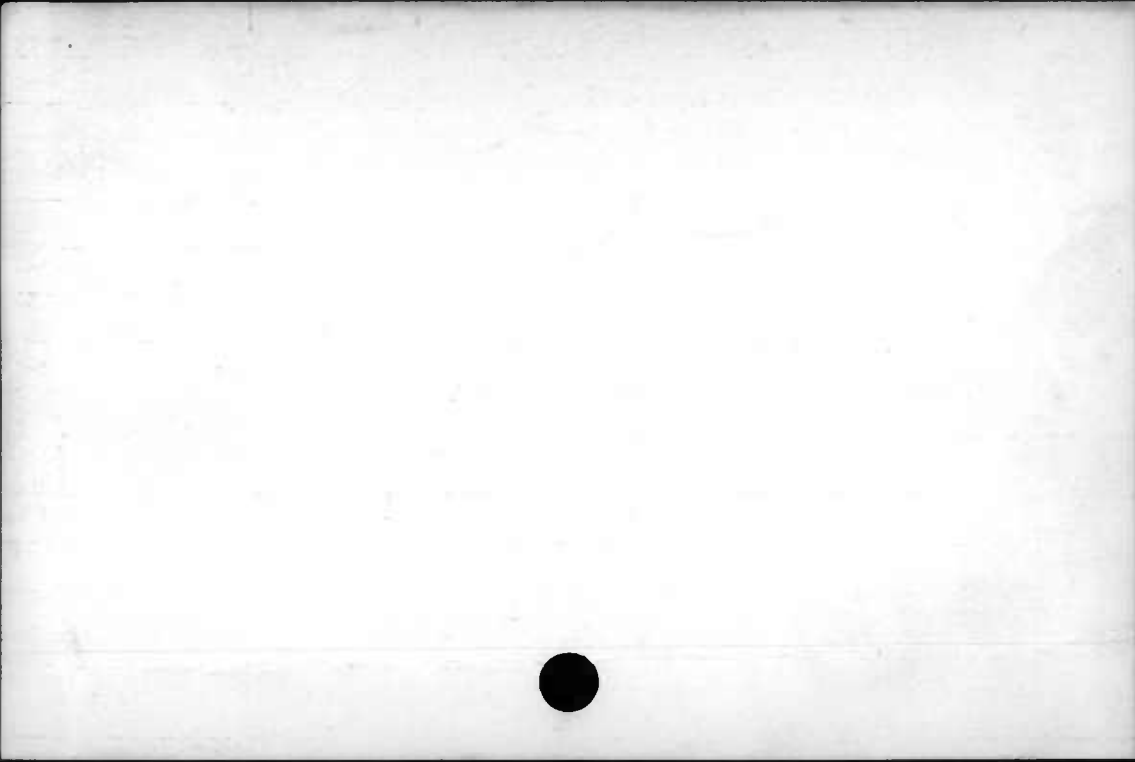
Accident or Suicide?

Columbus

Name in Full		John W. W. Clayton				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Smithville		County Kent		MARYLAND				
	Date of death	1905	Month July	Day 8	Age	Years	Months 6	Days 15		
	Sex	Male		Color or Race white		Birth-place Kent Co Md				
	Occupation	None			Where Residing if not at place of death					
	Married, Single or Widowed	Single			Name of Wife or Husband					
	Father's Name	Engine Clayton					Father's Birthplace Kent Co Md			
	Mother's Maiden Name	Alice Poline					Mother's Birthplace Kent Co Md			
Name of person giving information	Engine Clayton					How related to deceased Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary						How long			
	Immediate	Congestion of Lungs					How long 3 or 4 weeks			
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician				
	yes					Address Hampsville Md				
Accident or Suicide?										

J. H. Church,

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Middletown</i>		County <i>Kent Co</i>		MARYLAND
	Date of death 190 <i>8</i>	Month <i>2</i>	Day <i>27</i>	Age <i>77</i>	Months Days
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Kent Co</i>		
	Occupation <i>none</i>	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband <i>Wm Carnegie</i>			
	Father's Name <i>Elijah Carnegie</i>	Father's Birthplace <i>Kent Co</i>			
	Mother's Maiden Name	Mother's Birthplace			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Quick death</i>		How long	<i>Two months</i>
	Immediate	<i>"</i>		How long	<i>"</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>W Carnegie</i>	
				Address <i>Middletown</i>	
	Accident or Suicide?		<i>yes</i>		



Name in Full		Agnes Crow				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Corton		County Kent		MARYLAND
	Date of death		1905	Month Feb	Day 24	Age Years 35	Months Days
	Sex		Female		Color or Race White		Birth- place Kent Co
	Occupation		None		Where Residing if not at place of death Chestertown		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Alexander W. Crow			Father's Birthplace Md	
	Mother's Maiden Name		Sarah E Birch			Mother's Birthplace Md	
Name of person giving Information		Hyland Crow			How related to deceased Brother		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Diphtheria melitum			How long 4 yrs	
	Immediate		Coma			How long 2 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician N G Dampier		
					Address Chestertown Md		
Accident or Suicide?		No					

Still Proof

Name
in
Full

Mrs Sallie E. Wixom.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millington</i> ^{Town}		County <i>Kent</i>		MARYLAND	
Date of death 1905	<i>Feb</i> ^{Month}	<i>15</i> ^{Day}	Age <i>47</i> ^{Years}	<i>5</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Sallie E. Smith</i>					
Father's Name <i>Wm Smith</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Elizabeth Fisher</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Geo Wixom</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>Several Years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm Jeter</i>
	Address <i>Millington, Md</i>
Accident or Suicide?	



Name,
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marian Elizabeth Dorsey —
 Died at *Warton* ^{Town} *Holt* ^{County} **MARYLAND**
 Date of death *1905* ^{Month} *Feb* ^{Day} *17* Age ^{Years} *5* ^{Months} *5* ^{Days} *—*
 Sex *Female* Color or Race *Wgso* — Birth-place *Md* —
 Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased*Employer*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Buttertown.

Name
in
Full

Still Born Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at near Lynch

Town

Hunt

County

Date
of death 1905

Month

Feb

Day

16

Age

Years

—

Months

—

Days

—

Sex

female

Color or
Race

black

Birth-
place

md

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

James Shubbery

Father's
Birthplace

md

Mother's
Maiden Name

Georganna Wright

Mother's
Birthplace

md

Name of person giving
informationHow related
to deceased

Father

CAUSES OF DEATH

Primary

Abortion.

S.

How long

Immediate

Don't know.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W.S. Maywell,

Address

Still Pond, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

Fountoni Church

Name
in
Full

Corston I. Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Morton</i>		County <i>Kent</i>		MARYLAND	
Date of death 1905	Month <i>July</i>	Day <i>16</i>	Age <i>17</i>	Years	Months <i>11</i>	Days <i>6</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Kent Co Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>				
Name of Wife or Husband							
Father's Name <i>John W. Fowler</i>				Father's Birthplace <i>Kent Co Md.</i>			
Mother's Maiden Name <i>Emma Deford</i>				Mother's Birthplace <i>Kent Co Md.</i>			
Name of person giving In formation <i>Emma Fowler</i>				How related to deceased <i>mother</i>			

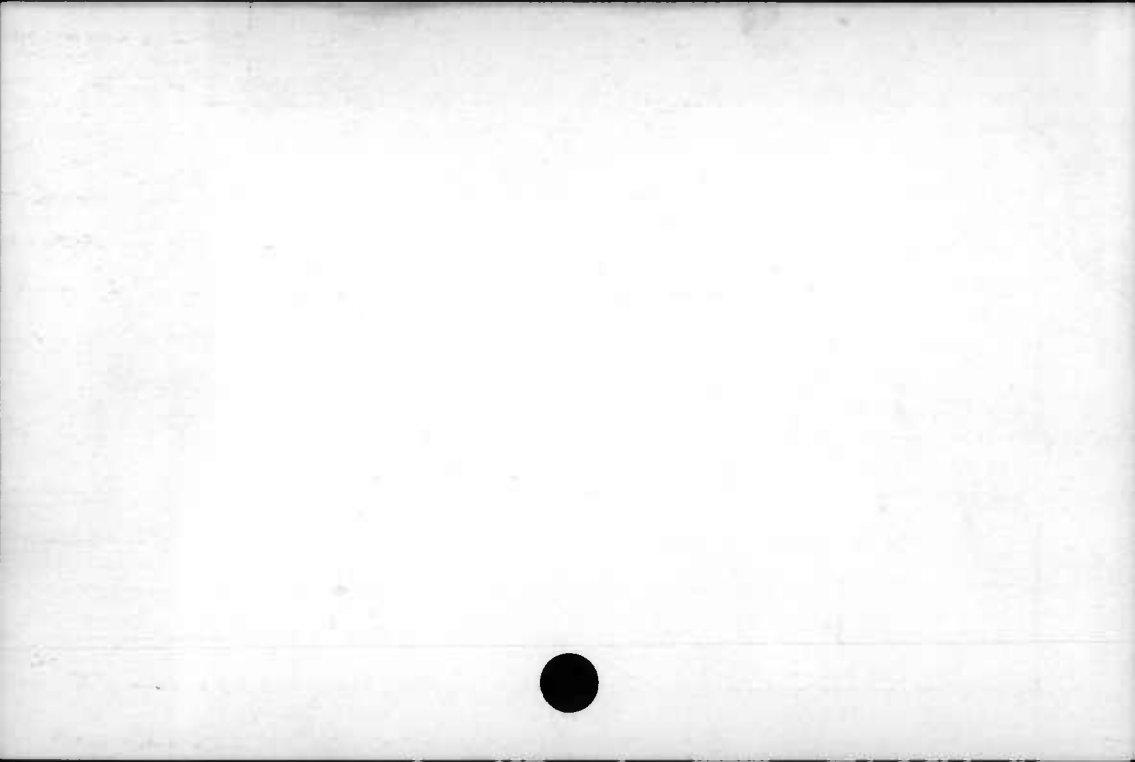
CAUSES OF DEATH

PHYSICIAN
OR CORONER

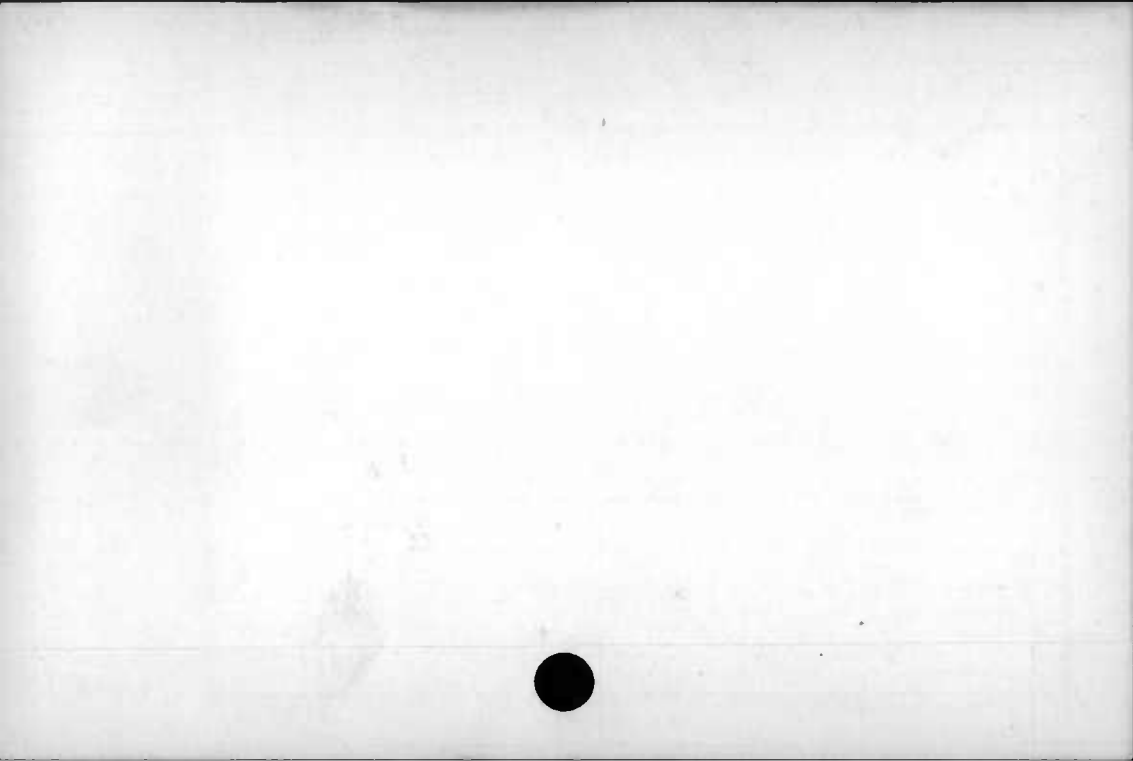
Primary	<i>19</i>	How long
Immediate	<i>Diphtheria</i>	How long <i>18 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>John H. Hensley</i>
		Address <i>Hammonton Md.</i>
Accident or Suicide?		<i>✓</i>

Chester-leemster,
John N. Dodd,
Undertaker,

Name in Full		Annis Gale				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pomona		County Kent		MARYLAND
	Date of death	1905	Month 2	Day 12	Age 76	Years	Months Days
	Sex	Female		Color or Race	Colored		Birth- place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name		Frank Gale				
	Mother's Maiden Name		Emaline Chest				
PHYSICIAN OR CORONER	Name of person giving In formation		J.W. Johnson		How related to deceased		
	CAUSES OF DEATH						
	Primary		Paralysis		How long		
	Immediate		60		How long		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address			
Accident or Suicide?				Med			



Name in Full		Lena Johnson				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Golt		County		Kent		MARYLAND				
	Date of death 190		5	Month	Feb	Day	6	Age	18	Months	3	Days	4
	Sex		Female		Color or Race		Colored		Birth-place		Kent Co., Md.		
	Married, Single or Widowed		Single		Occupation								
	Name of Wife or Husband		Lena Johnson										
	Father's Name		Shady Johnson						Father's Birthplace		Md		
	Mother's Maiden Name		Mary W. W. W.						Mother's Birthplace		Md		
Name of person giving information								How related to deceased					
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary		Tuberculosis						How long		Several years		
	Immediate		Humer haps lungs						How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes						Signature of Physician		H. M. Jeter M.D.		
									Address		Millington.		
	Accident or Suicide?										Md.		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Name *Sarah M. Jones* Town *Millington* County *Kent*

Died at *Millington*

Date of death *1900* Month *Feb* Day *28* Age *74* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Delaware*

Occupation *Housework* Where Residing if not at place of death *at home*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Jonathans Jones* Father's Birthplace *Delaware*

Mother's Maiden Name *Hannah Rawlings* Mother's Birthplace *Delaware*

Name of person giving information *Miss Ella Jones* Now related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Age & Chronic Bronchitis* How long *1* Year

Corporeal Insufficiency How long *19* our work

Immediate *Aschemia*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. P. Towne M.D.*

Address *Millington Md.*

Accident or Suicide? *No*

Reported on the 3rd day
of March 1905—

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Feb	20	84	8	8	
Sex	Male	Color or Race	White		Birth-place	Md.	
Occupation	Retired Agriculturist			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband		Emily Lusby		
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information				How related to deceased			

CAUSES OF DEATH

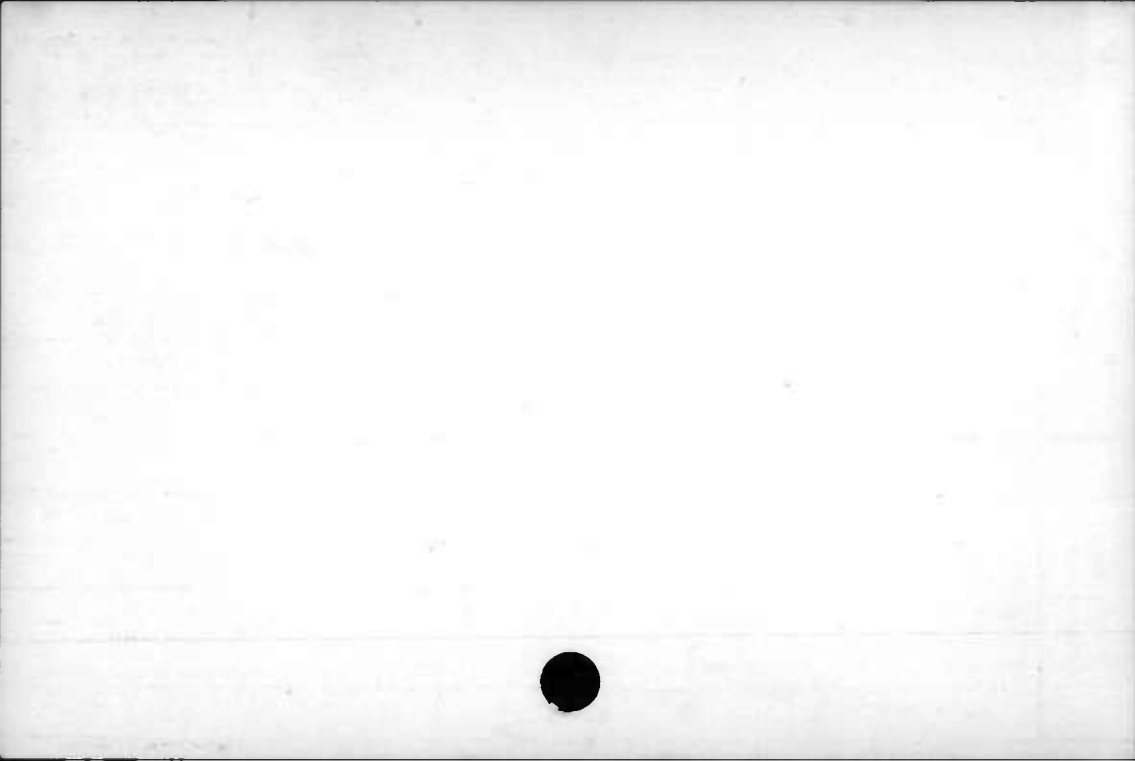
PHYSICIAN
OR CORONER

Primary	Old age - general debility.		How long
Immediate	Asthma - Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. L. Todd	
		Address	
		Chesapeake	
		Md.	
Accident or Suicide?			

Chester Leamster

John N. Fadd,
undertaker.

Name in Full		Francis Murray				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>Chester</i>		County <i>Kent</i>			
						MARYLAND			
		Date of death		190 <i>8</i>	Month <i>Feb</i>	Day <i>26</i>	Age <i>19</i>	Months	Days
		Sex <i>Female</i>		Color or Race <i>Col.</i>		Birth-place <i>Kent Co</i>			
		Occupation <i>Housegirl</i>		Where Residing if not at place of death					
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
		Father's Name <i>Wm J. Murray</i>		Father's Birthplace					
Mother's Maiden Name <i>Hennetta Graves</i>		Mother's Birthplace <i>Kent Co</i>							
Name of person giving information <i>Stella Murray</i>		How related to deceased <i>Step mother</i>							
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER		Primary <i>Acute miliary Tuberculosis</i>				How long <i>2 months</i>			
		Immediate <i>Asthenia</i>				How long <i>3 weeks</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>W. G. Simpson</i>			
						Address <i>Chester, Md</i>			
		Accident or Suicide? <i>No</i>							



Name in Full John Joseph Roeder		County Stent		CERTIFICATE OF DEATH	
Died at Bethesda		Town Bethesda		MARYLAND	
Date of death 1905 Feb 11		Month Feb		Day 11	
Sex male		Color or Race white		Birth-place md	
Occupation retired		Where Residing if not at place of death —			
Married, Single or Widowed married		Name of Wife or Husband Elizabeth Schafer			
Father's Name Arron Roeder		Father's Birthplace —			
Mother's Maiden Name Mariah Billhimer		Mother's Birthplace —			
Name of person giving information Mrs Alex Marx		How related to deceased daughter			
CAUSES OF DEATH					
Primary Weak Heart.		How long 5 years.		179	
Immediate Heart failure.		How long —		—	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician Wm. S. Maxwell			
		Address Still Pond, Md.			
Accident or Suicide? —					

Still Paed.

Name
in
Full

Henretta Ringgold

CERTIFICATE OF DEATH

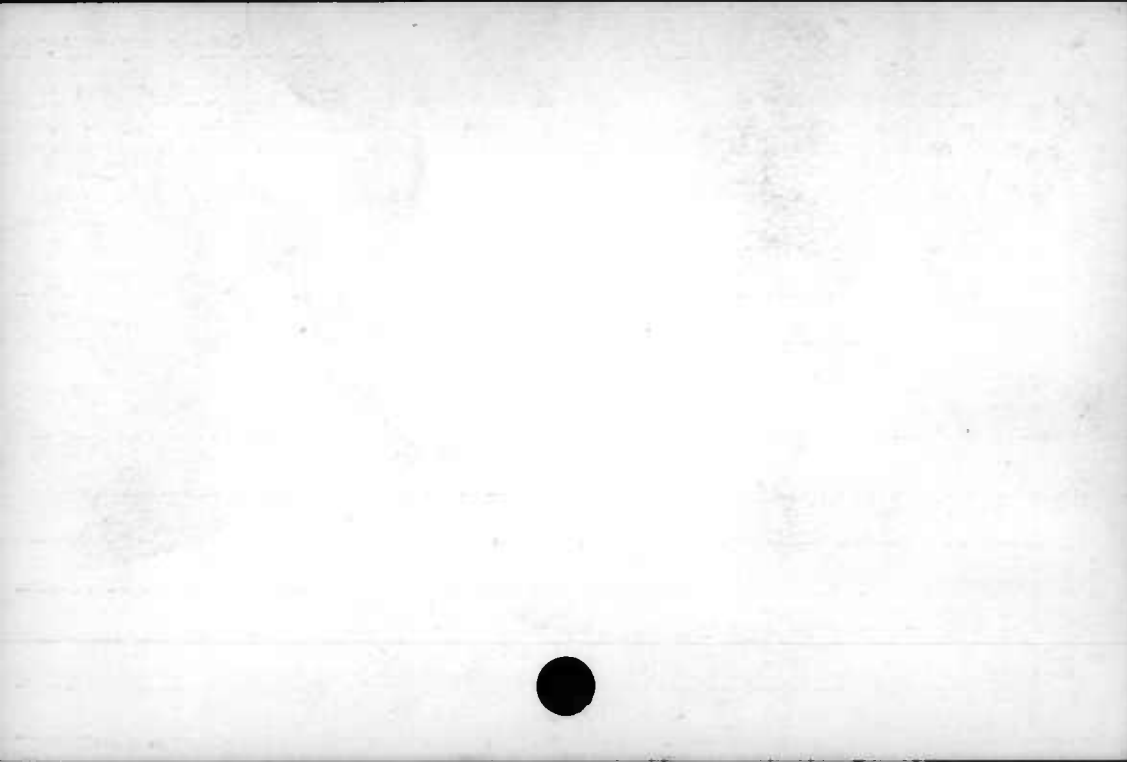
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Twp Chestertown		County Kent		MARYLAND	
Date of death	1905	Month Feb	Day 23	Age 50	Years	Months	Days
Sex	Female		Color or Race	Col		Birth- place	Kent Co
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	John Ringgold			
Father's Name	Michael Trusty				Father's Birthplace	Kent Co	
Mother's Maiden Name	Hester Gould				Mother's Birthplace	Kent Co	
Name of person giving information	John Ringgold				How related to deceased	Husband	

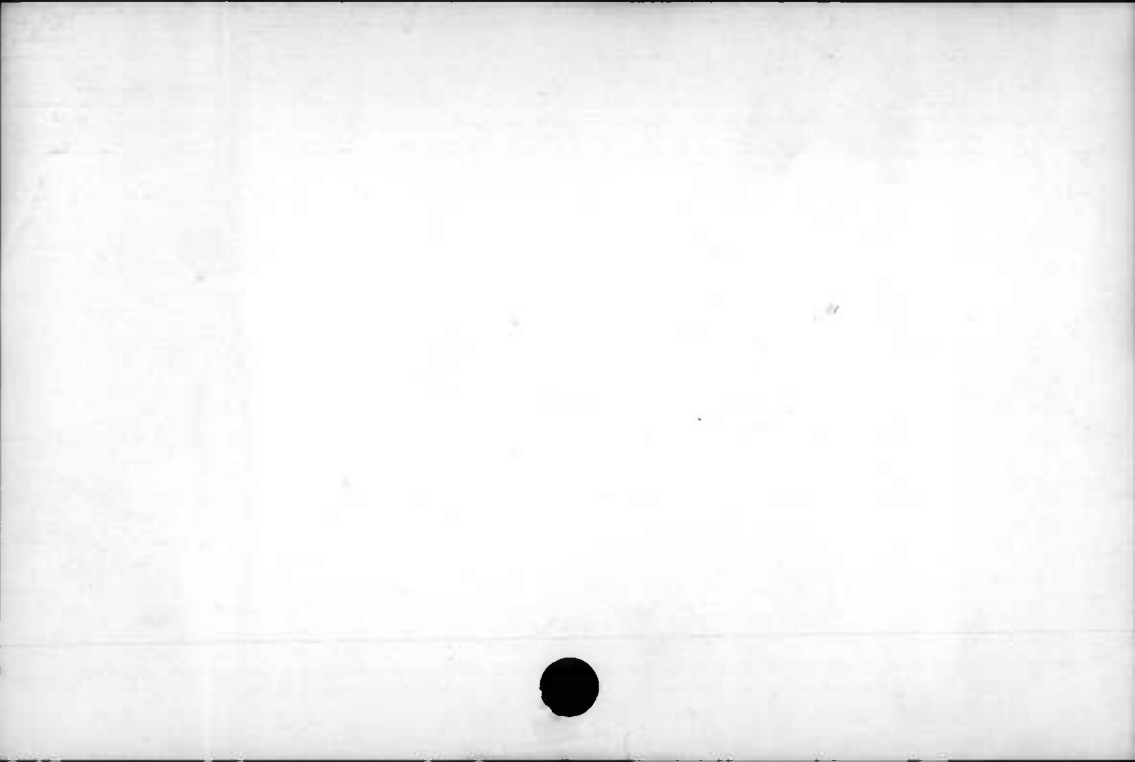
CAUSES OF DEATH

PHYSICIAN
OR CORONER

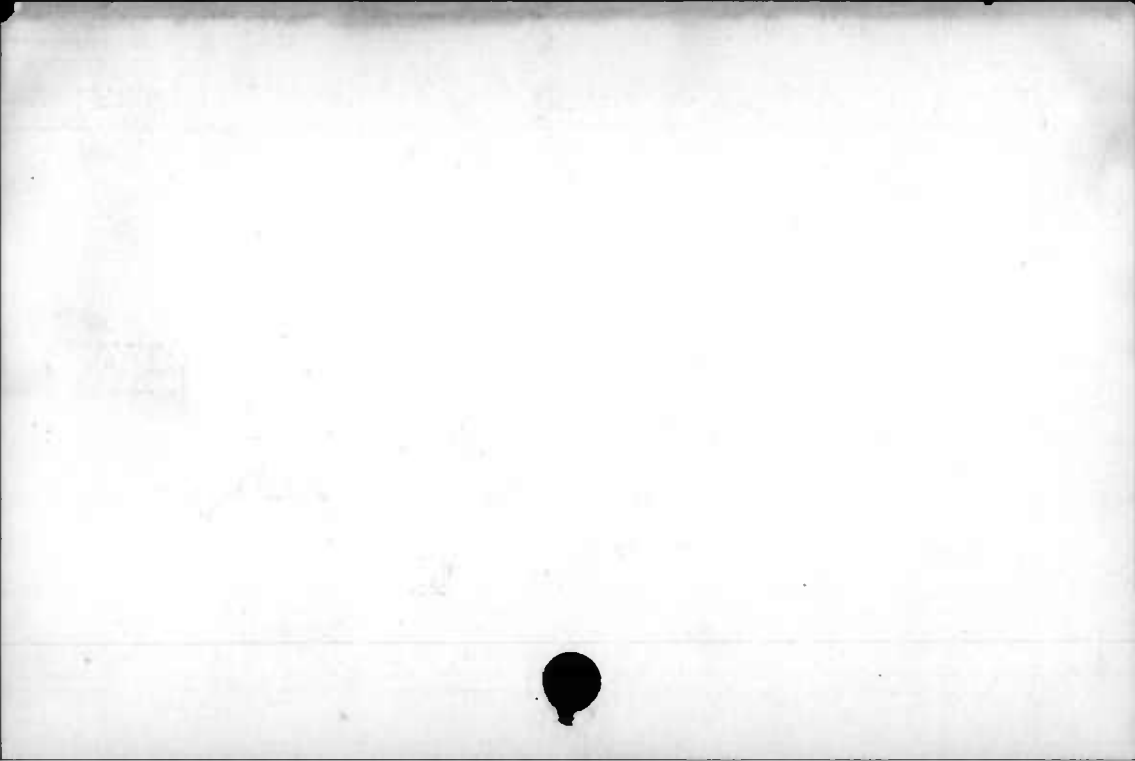
Primary	Chronic interstitial nephritis		How long	5 years
Immediate	Coma		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	159 Jumper
			Address	Chestertown
Accident or Suicide?		No		✓



Name in Full		Hannah Seney				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Baltimore</u>		Kent County		MARYLAND		
		Date of death	190 5	Month Feb.	13	Day	Age	Years
		Sex	female		Color or	Colored		Birth- place
		Occupation	Housewife		Where Residing if not at place of death		Md.	
		Married, Single or Widowed	married		Name of Wife or Husband		Richard Seney	
		Father's Name	Don't Know		Father's Birthplace		—	
		Mother's Maiden Name	Don't Know		Mother's Birthplace		—	
Name of person giving In formation		Richard Seney		How related to deceased		Wife		
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary		Pneumonia		How long		
		Immediate		Heart failure		10 days		
		Are the name, age, sex, color, date and place correctly given above?		yes		How long		
		Signature of Physician		Wm. S. Maxwell		Address		
				Still Pond, Md.				
Accident or Suicide?								



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Edesville</i> Town		<i>Kent Co.</i> County		MARYLAND		
	Date of death	<i>1905</i>	Month <i>Feb.</i>	Day <i>28</i>	Age <i>67</i> Years	Months <i>2</i>	Days <i>8</i>
	Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
	Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Place of death at home</i>					
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Brookins</i>					
	Father's Name <i>Joseph S. Smith</i>	Father's Birthplace <i>Maryland</i>					
	Mother's Maiden Name <i>Wheatley Read</i>	Mother's Birthplace <i>Maryland</i>					
	Name of person giving information <i>Elizabeth Brookins</i>	How related to deceased <i>Wife</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Heart Disease</i>		How long <i>8 month</i>		<i>(79)</i>		
	Immediate <i>Exhaustion</i>		How long <i>One hour</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>N. C. Kelly M.D.</i>				
			Address <i>Rock Hall, Kent Co.</i>				
Accident or Suicide?							



Name
in
Full

Matthew Stewart

CERTIFICATE OF DEATH

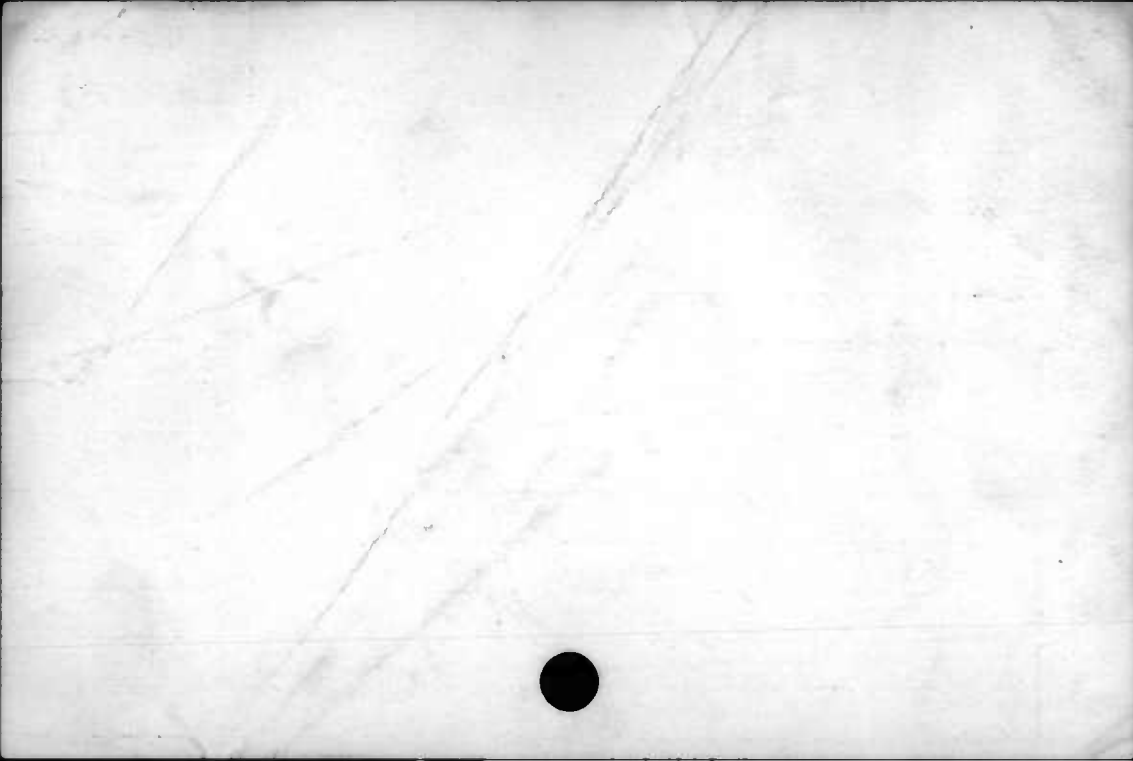
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Chestertown		^{County} Kent		MARYLAND	
Date of death	1905	Month	Feb	Day	22
Sex	Female	Age	—	Years	—
Color or Race	Col	Months	—	Days	21
Birth-place	Chestertown				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Sam'l Stewart			Father's Birthplace	Kent Co
Mother's Maiden Name	Sarah Thomas			Mother's Birthplace	Kent Co
Name of person giving information	Sam'l Stewart			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary bronchitis	How long	3 days
Immediate	Apnoea	How long	90
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	N. G. Simpson
		Address	Chestertown, Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

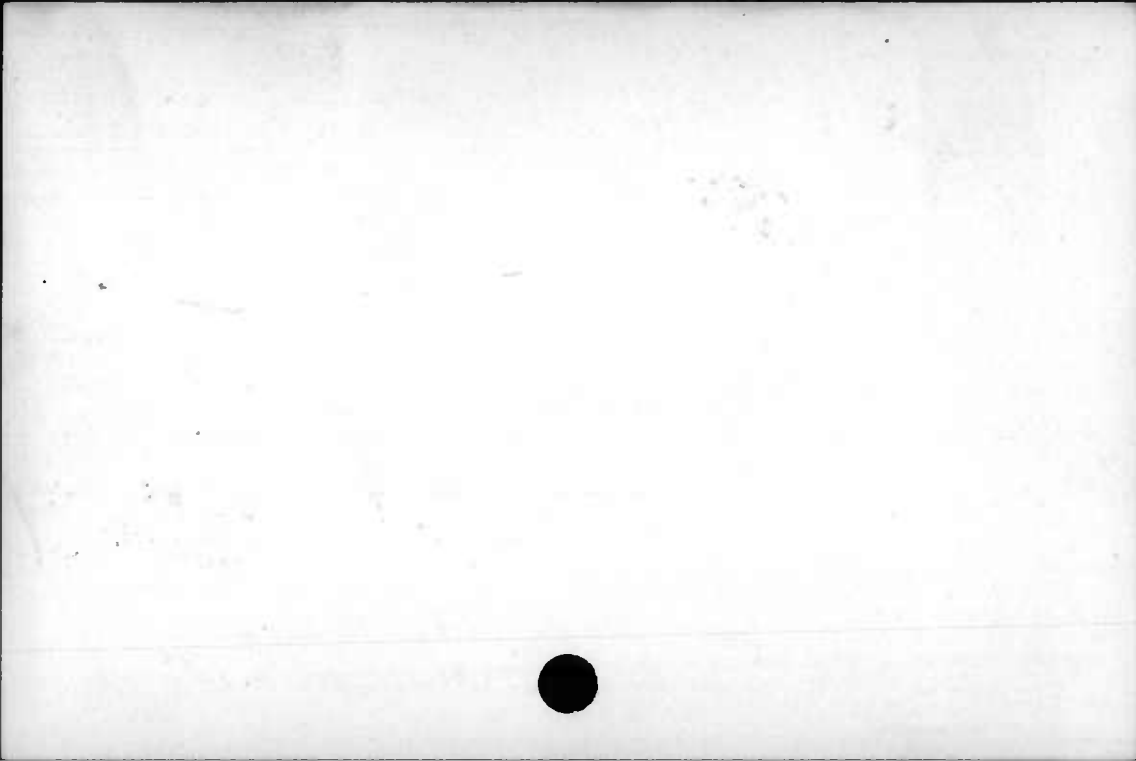
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Galls</i>		Town <i>Galls</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>2</i>		Day <i>11</i>		Age <i>5</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>		Months <i>7</i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Amos Tibbitt</i>				Father's Birthplace <i></i>			
Mother's Maiden Name <i>Sallie Bailey</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Sallie Bailey</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>mothered</i>	How long	<i>26</i>
Immediate	<i>mothered</i>	How long	<i>between 5 to 7 - 4 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. W. H. Jacobs</i>	
		Address <i>Millington</i>	
Accident on <i>2-11-05</i>		<i>md</i>	



Name
in
Full

Mabel C. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hollands</i> ^{Town}		County <i>Kent</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>5</i>	Age <i>2</i>	Years <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation			Where Residing if not at place of death <i>Baltimore Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Frank Smith</i>		Father's Birthplace <i>Kent Co Md</i>			
Mother's Maiden Name <i>Ida E Fowler</i>		Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving information <i>Frank Smith</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>diphtheria</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Hoessey</i>
	Address <i>Humesville Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

Chester Cemetery
John R. Dodd, Undertaker

Name
in
Full

Mary Emma Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Worton

Town

County

Kent

MARYLAND

Date

of death 1905 July

Month

Day

10

Age

Years

Months

4

Days

23

Sex

Female

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

None

Where Residing if not
at place of death

Baltimore Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

W. F. Smith

Father's
Birthplace

Kent Co Md

Mother's
Maiden Name

Ida Fowler

Mother's
Birthplace

Kent Co Md

Name of person giving
information

W. F. Smith

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

Pneumonia

How long

2 days

Are the name, age, sex, color
and place correctly given above?

yes

Signature
Physician

Address

John H. Hoessey MD

Hanesville Md

Accident or Suicide?

Chester Cemetery
John N. Dodd
Undertaker

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name of person giving information	S. L. L.	How related to deceased	clay
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CAUSES OF DEATH

Primary

How long

Immediate

How long. 11 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Chatterbox

Name
in
Full

Minnie Varlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chattanooga</i>		County <i>Kint</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Feb.</i>	Day <i>13</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>Negro.</i>		Birth-place <i>Chattanooga</i>		
Occupation			Where Residing if not at place of death <i>Chattanooga</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wm Varlow</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Mabelda (Lilly) Hodges</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Father, Wm Varlow</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't know, did not see case</i>	How long	<i>3 or 4 days.</i>
Immediate	<i>From description by father</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. L. Dodd</i>	
Address <i>Chattanooga</i>			
Accident or Suicide?			

Colored Cemetery Chesterton

John W. Dodd
Undertaker

Name in Full		Henry Washington				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sankford	County Kent		MARYLAND	
	Date of death		1905	Month July	Day 12	Age 63	Years —
	Sex		Male		Color or Race	Colored	
	Birth-place		Va				
	Occupation		Laborer		Where Residing if not at place of death Sankford.		
	Married, Single or Widowed		Widowed		Name of Wife or Husband —		
	Father's Name		Do not know Slave -		Father's Birthplace Va		
Mother's Maiden Name		" " " "		Mother's Birthplace Va			
Name of person giving information		Gracie Bowser		How related to deceased Daughter.			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Paralysis		How long 3 weeks		
	Immediate		Paralysis		How long 3 weeks.		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician H. Bruce Simmons		
					Address Chester town Md		
	Accident or Suicide?		No				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Wright

MARYLAND

Died at ^{near} Seville TownStuart CountyDate of death 190 J Feb MonthDay 27Age 80 YearsMonths —Days —Sex FemaleColor or
RaceColoredBirth-
placeStuart Co. Md

Occupation

CookWhere Residing if not
at place of deathat
Mr Edw BondsMarried, Single
or WidowedMarriedName of Wife or
HusbandGeo WrightFather's
NameSimpson OnegysFather's
BirthplaceStuart Co MdMother's
Maiden NameLavina NailorMother's
BirthplaceStuart Co MdName of person giving
In formationJas WrightHow related
to deceasedSon

CAUSES OF DEATH

Primary

Unknown

How long

a few hours

Immediate

Natural Causes, age

How long

a few hoursAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianW. Frank Bonds

Address

Chesletown Md

Accident or Suicide?

—

